FORM D

SEC Mail Processing Section UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

FEB 062009

Washington, DC

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR OMB APPROVAL
OMB Number: 3235-0076
Expires:
Estimated average burden
hours per response.....16.00

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UNIFORM LIMITED OFFERING EXEMPTION 101 Name of Offering (check if this is an amendment and name has changed, and indicate change.) Subordinated Secured Convertible Promissory Note Offering Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Filing Under (Check box(es) that apply): Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Firefly Energy Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 309.222.2600 6533 N. Galena Road, Peoria, Illinois 61614 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) **Brief Description of Business** Microcell foam grid battery technology Type of Business Organization other (please spec limited partnership, already formed corporation 7 business trust limited partnership, to be formed Month Year 📝 Actual 🔲 Estimated Actual or Estimated Date of Incorporation or Organization: 03 0 4 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

DE

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

			A. BASIC ID	ENT(L	ICATION DATA			NOW.	
2. Enter the information re	quested for the fol	llowing	;						
 Each promoter of t 	he issuer, if the iss	suer ha	s been organized w	vithin	the past five years;				
 Each beneficial ow 	ner having the pow	er to vo	ote or dispose, or di	rect th	e vote or disposition	of, 109	% or more o	f a clas	s of equity securities of the issuer.
 Each executive off 	icer and director o	f corpo	rate issuers and of	corpo	rate general and mar	naging	pariners of	partne	ership issuers; and
 Each general and n 	nanaging partner o	f partn	ership issuers.						
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Caterpillar, Inc.	f individual)								
Business or Residence Addre 100 NE Adams Street; P			City, State, Zip C	ode)					
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Illinois Finance Authority		~	<u> </u>				, , · · · - · · ·	•	
Business or Residence Addre	•		City, State, Zip C	ode)					
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner		Executive Officer	. 🗆	Director		General and/or Managing Partner
Full Name (Last name first, i KB Partners Venture Fur	-		 .						
Business or Residence Addre	ss (Number and	Street,	City, State, Zip C	ode)					
1101 Skokie Boulevard, S	Suite 260; North	brook,	Iliinois 60062						
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
BAE Systems Land & Arn	nament, Inc.								
Business or Residence Addre 1525 Wilson Boulevard,				ode)					
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Husqvarna AB	f individual)								
Business or Residence Address 1030 Stevens Creek Roa	•			odc)					
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i The Quercus Trust	f individual)				-				
Business or Residence Addre 1836 Newport Boulevard	•				2627				
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Khosla Ventures	f individual)								
Business or Residence Addre 3000 Sand Hill Road, Bld			• •						
	(Use bla	nk shee	et, or copy and use	addit	onal copies of this s	heet, a	as necessar	r)	

Check Box(es) that Apply: ☐ Promoter	☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)	
Infield Capital Partners, LLC	
Business or Residence Address (Number an	d Street, City, State, Zip Code)
2033 11th Street; Boulder, CO 80302	
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)	
Cunningham, Chuck	
Business or Residence Address (Number an 6533 N. Galena Rd.; Peoria, IL 61614	d Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter	☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)	
Denenberg, Byron	<u></u>
Business or Residence Address (Number an 6533 N. Gatena Rd.; Peoria, IL 61614	d Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter	☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)	
Mirhakimi, Siamak	
Business or Residence Address (Number an 6533 N. Galena Rd.; Peoria, IL 61614	d Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner 图 Executive Officer 图 Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) Ovan, Mil	
Business or Residence Address (Number an 6533 N. Galena Rd.; Peoria, IL 61614	nd Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner ☐ Executive Officer ত Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) Moll, David	
Business or Residence Address (Number ar	nd Street, City, State, Zip Code)
5407 N. University Street; Arbor Hall 2n	
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)	
Barton, Glen	
Business or Residence Address (Number ar 6533 N. Galena Rd.; Peoria, IL 61614	nd Street, City, State, Zip Code)

BASIC IDENTIFICATION DATA - ADDITIONAL INFORMATION

Check Box(es) that Apply: Promoter	☐ Beneficial Owner 图 Executive Officer 图 Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)	
Williams, Edward F.	
Business or Residence Address (Number an 6533 N. Galena Rd.; Peoria, IL 61614	d Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner 图 Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)	
Kelley, Kurt	<u> </u>
Business or Residence Address (Number an 6533 N. Galena Rd.; Peoria, IL 61614	d Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner 图 Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)	,
Williams, Charles.	
Business or Residence Address (Number an 6533 N. Galena Rd.; Peoria, IL 61614	d Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)	
Yankello, Frank	
Business or Residence Address (Number an 6533 N. Galena Rd.; Peoria, IL 61614	d Street, City, State, Zip Code)

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			346			·						Yes	No
ι.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.											E	X
2	Answer also in Appendix, Column 2, it thing under GLOB. 2. What is the minimum investment that will be accepted from any individual?											\$ 50.0	00.000
٠.												Yés	No
3.	Does the offering permit joint ownership of a single unit?											Z	
4.	commiss If a person	sion or simi on to be lis i, list the na	ion requested itar remuner ted is an assume of the brayen way so	ration for s ociated pe roker or de	olicitation rson or age aler. If mo	of purchase int of a brok ire than five	ers in conne er or deale: (5) person	ection with r registered as to be liste	sales of sec with the S ed are asso	urities in t EC and/or	he offering. with a state		·
Ful	l Name (I	Last name	first, if indi	vidual)									
Bu	siness or l	Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)	·					
Nai	me of Ass	ociated Br	oker or Des	aler	····					•		·	
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers				<u></u>		
			" or check									□ Ali	l States
	AL	AK	AZ	AR	CA	[CO]	CT .	DE	DĈ	FL	GA	HI	Œ
	IL MT RI	IN NE SC	IA NV SD	KS NH TN	KY NJ TX	LA NM UT	ME NY VT	MD NC VA	MA ND WA	MI OH WV	MN OK WI	MS OR WY	MO PA PR
Ful	l Name (I	Last name	first, if indi	vidual)							·-		-
Bu	siness or	Residence	Address (N	Number an	d Street, C	City, State,	Zip Code)	·					
Na	me of Ass	sociated Br	oker or Dea	aler							· · · · · ·		
Sta			Listed Has										
	(Check	"All States	or check	individual	States)	*,**************	***************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*************	•		☐ Al	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (Last name	first, if indi	ividual)								_	
Bu	siness or	Residence	: Address (N	Number an	d Street, C	City, State,	Zip Code)						
Na	me of Ass	sociated Br	oker or De	alcr									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers		 				
			s" or check						***************************************	***************************************		□ Al	1 States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

C: OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	Aggregate	Amount Aiready
	Type of Security	Offering Price	Sold
	Debt	\$	\$
	Equity	\$	\$
	Common Preferred		3,000,000.00
	Convertible Securities (including warrants)	\$ 3,000,000.00	2
	Partnership Interests	\$	\$
	Other (Specify)	S	\$
	Total	\$ 3,000,000.00	\$ 3,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	:	Aggregate Dollar Amount of Purchases
	Accredited Investors	4	\$ 3,000,000.00
	Non-accredited Investors	0	\$_0.00
	Total (for filings under Rule 504 only)		s
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 25,000.00
	Accounting Fees		\$
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$ 25,000.00

a	nd total expenses furnished in response to Part C -	ering price given in response to Part C — Question 1 - Question 4.a. This difference is the "adjusted gross	:	\$
e	ach of the purposes shown. If the amount for a	roceed to the issuer used or proposed to be used for ny purpose is not known, furnish an estimate and of the payments listed must equal the adjusted gross at C — Question 4.b above.		
			Payments to Officers, Directors, & Affiliates	Payments to Others
S	alaries and fees			s
P	urchase of real estate			. 🗆 s
P a	urchase, rental or leasing and installation of ma	chinery	□ \$	2
	-	cilities		
0	cquisition of other businesses (including the va ffering that may be used in exchange for the ass suer pursuant to a merger)			s
				
C	ther (specify):			s
_			s	s
C	olumn Totals		\$ <u></u> \$	2,975,000.00
T	otal Payments Listed (column totals added)		Z \$ 2.	975,000.00
E.N		D FEDERAL SIGNATURE		
signat	ure constitutes an undertaking by the issuer to fu	e undersigned duly authorized person. If this notic irnish to the U.S. Securities and Exchange Commi credited investor pursuant to paragraph (b)(2) of	ssion, upon writte	
ssuer	(Print or Type)	Signature	Date	
Fireft	y Energy Inc.	EMM	2/5/	-9
	of Signer (Print or Type)	Title of Signer (Print or Type)	/	
dwar	d F. Williams	CEO ·		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE		
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Firefly Energy Inc.	Signature	Date 2/5/09
Name (Print or Type)	Title (Print or Type)	
Edward F. Williams	CEO	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX				
1	Intend to non-ac investors (Part B-	to sell ccredited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqual under Sta (if yes, explana waiver (Part E-	fication te ULOE attach tion of granted)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									ا سودر پردا
AZ									[]
AR									
CA		×	Convertible Debt	2	\$400,000.00	0	\$0.00	,	×
со		×	Convertible Debt	1	\$500,000.0	0	\$0.00		
СТ								<u></u>	1
DE								<u></u>	
DC									
FL									
GA		and the second of the second o						1	
HI									
ID							· ,		
IL		×	Convertible Debt	2	\$2,100,000.	0	\$0.00		×
IN.									
IA					,				<u> </u>
KS					ļ				1
KY								**********	
LA								<u> </u>	
ME								<u> </u>	
MD								<u></u>	
MA					ļ				
MI									
MN					<u> </u>				<u> </u>
MS									

1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО	į			İ					
мт									
NE									
NV								[
NH									
NJ									
NM									
NY									
NC									
ND									
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OR									
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TN									
TX									
UT									
VΥ	. <u></u> .								
VA									
WA									1
wv									[
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1	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)		amount purchased in State				
State	Yes	No	()	Number of Accredited Investors	Amount	Yes	-Item 1) No			
WY										
PR									Ī	